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FACSIMILE COVER SHEET

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GROUP 3600

Deliver to: Customer Service OIPE, USPTOArt Group: 2171Facsimile No.: 703-305-9822Date: January 17, 2003From: James Henry, Reg. No. 43,835Our Docket No.: 4239P003Number of pages 7 including this sheet.Application No.: 09/754,547Filing Date: 1/3/2001

Docket Due Date(s): _____

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Preliminary</u>	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (in triplicate) (_____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____	<input type="checkbox"/> Petition for: _____
(_____ pgs) w/cover & abstract)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Assignment & Cover Sheet (_____ pgs)	<input type="checkbox"/> Reply Brief (_____ pgs)
<input checked="" type="checkbox"/> Certificate of Facsimile _____	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Declaration & POA (_____ pgs)	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Drawings: _____ sheets, _____ figures	<input type="checkbox"/> Response to Written Opinion (_____ pgs)
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> IDS & PTO/SB/08 (_____ pgs)	<input checked="" type="checkbox"/> Transmittal Letter
<input type="checkbox"/> Other _____	

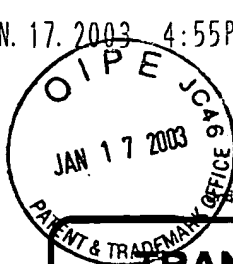
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Pat Sullivan 01/17/2003
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PTO/SB/21 (08-00)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/754,547
		Filing Date	January 3, 2001
		First Named Inventor	Alain T. Rappaport
		Group Art Unit	2171
		Examiner Name	Customer Service OIPE
Total Number of Pages In This Submission	7	Attorney Docket Number	4239P003

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Facsimile Transmittal Sheet RECEIVED FEB 13 2003 GROUP 3600 </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 43,835 BLAKE, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 17, 2003

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile under 37 CFR §1.8 on:			
			January 17, 2003
Typed or printed name	Pat Sullivan		
Signature		Date	January 17, 2003

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PTO/SB/17 (01-03)

Approved for use through 04/30/2003, OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**FREE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	09/754,547
Filing Date	January 3, 2001
First Named Inventor	Alain T. Rappaport
Examiner Name	Unknown
Group/Art Unit	2171
Attorney Docket No.	4239P003

METHOD OF PAYMENT (check one)
☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account
Deposit
Account
Number

02-2666

Deposit
Account
Name

Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Credit any overpayments
- ☐ Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
- ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1006	180	2005	80	Provisional filing fee	
SUBTOTAL (1)					

2. EXTRA CLAIM FEES

Total Claims = 20 * = Fee Paid

Independent Claims = 3 * = Fee Paid

Multiple Dependent = = Fee Paid

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple Dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					

*or number previously paid, if greater. For Reissues, see below

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920 *	1804	920 *	Requesting publication of BIR prior to Examiner action	
1805	1,840 *	1805	1,840 *	Requesting publication of BIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1404	320	2401	180	Notice of Appeal	
1402	320	2402	180	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1602	470	2502	235	Design issue fee	
1603	630	2503	315	Plant issue fee	
1480	130	2480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	1809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

Name (Print/Type)

James Henry

Registration No.
(Attorney/Agent)

43,835

Telephone

(714) 557-3800

Signature

Date

01/17/03

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. § 22 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.